

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS §3270.124(a)(b), §3270.181 & §3270.182; §3280.124(a)(b), §3280.181 & §3280.182; §3290.124(a)(b), §3290.181 & §3290.182

DIRECTIONS: Please print all information. Per DPW regulations all sections must be completed; there can be No Blank areas.
If a section does not apply to your child, please put **NONE IN THAT SPECIFIED AREA AND SIGN FULL NAME.**

Ex: Allergies = None, John Smith. All forms must be signed and dated in the space provided at the very bottom of form.

CHILD'S NAME		BIRTHDATE	
ADDRESS		OUTREACH SITE	
MOTHER/LEGAL GUARDIAN NAME		HOME PHONE NUMBER	
ADDRESS		CELLPHONE NUMBER	
BUSINESS NAME		WORK PHONE NUMBER	
BUSINESS ADDRESS			
FATHER/LEGAL GUARDIAN NAME		HOME PHONE NUMBER	
ADDRESS		CELLPHONE NUMBER	
BUSINESS NAME		WORK PHONE NUMBER	
BUSINESS ADDRESS			
EMERGENCY CONTACT PERSON(S) OTHER THAN PARENT: Please list the following items:			
Name		Address	
		Home Phone, Cell Phone, Work Phone	
1)			
2)			
PERSON(S) TO WHOM CHILD MAY BE RELEASED OTHER THAN PARENT: Please list the following items:			
Name		Address	
		Home Phone, Cell Phone, Work Phone	
1)			
2)			
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER			PHONE NUMBER
PHYSICIAN'S OFFICE ADDRESS			
SPECIAL DISABILITIES (IF ANY)			ALLERGIES (Including Medical Reaction)
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION			MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS			POLICY NUMBER (REQUIRED)
PARENT SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT			
OBTAINING EMERGENCY MEDICAL CARE		ADMIN OF MINOR FIRST-AID PROCEDURES	
WALKS AND TRIPS		SWIMMING	
TRANSPORTATION BY THE FACILITY		APPLY SUNSCREEN	
ARE THERE CUSTODY PAPERS FOR THIS CHILD?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, COPIES MUST BE ATTACHED

SIGNATURE OF PARENT OF GUARDIAN (required at registration)

DATE

Periodic Review:

SIGNATURE OF PARENT OF GUARDIAN (to be signed at six (6) month review)

DATE